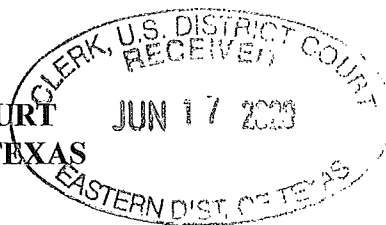


SENER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015).

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS

DIVISION



Michael Green, ID.#661422

Plaintiff's Name and ID Number

H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884

Place of Confinement

CASE NO. 6:20CV324 JDK/JDL

(Clerk will assign the number)

v.

Lorie Davis, Director of TDCJ-CID, P.O. Box 99, Huntsville, Tx. 77342.

Defendant's Name and Address

Kenneth M. Putnam, H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884.

Defendant's Name and Address

Pamela Pace, H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884.

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

PAYING FEE AND IN FORMA PAUPERIS (IFP).

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES ☒ NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____
2. Parties to previous lawsuit:
Plaintiff(s) _____
Defendant(s) _____
3. Court: (If federal, name the district; if state, name the county.) _____
4. Cause number: _____
5. Name of judge to whom case was assigned: _____
6. Disposition: (Was the case dismissed, appealed, still pending?) _____
7. Approximate date of disposition: _____

PLACE OF PRESENT CONFINEMENT: H. H. Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx. 75884

III. EXHAUSTION OF GRIEVANCE PROCEDURES: ARE EXHIBITS, STATEMENT OF CLAIM

Have you exhausted all steps of the institutional grievance procedure? ✓ YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

SEE EXHIBITS:

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Michael Green, ID.#661422, H.H. Coffield Unit,
2661 F.M. 2054, Tennessee Colony, Tx. 75884.

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Lorie Davis, Director of Texas Department of Criminal Justice - Correct-
ional Institution Division (TDCJ-CID), P.O. Box 99, Huntsville, Tx. 77342.

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, overall operation of each institution under its jurisdiction, etc.

Defendant #2: Kenneth M. Putnam, head Warden of Coffield Unit, 2661 F.M. 2054, Tennessee
Colony, Tx. 75884.

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, overall operation of Coffield Unit and welfare of all inmates/safety, etc.

Defendant #3: Pamela Pace, UTMB Unit Medical Care Practice Manager at the
H.H. Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx. 75884

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible for process of medical health care and with kind of informations
is allowed and provided to state government document(s), etc.

Defendant #4: John Doe, University of Texas Medical Branch (UTMB), 301
University Blvd 48, sub station, Galveston, Tx. 77555.

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, medical health care and health information for state govern-
ment document(s) / for the residence of Coffield Unit's inmates, etc.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

STATEMENT OF CLAIM: AND EXHAUSTION OF PROCEDURES ARE EXHIBITS:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT. Questions of conditions of confinement with reasonable safety for non and pious prisoners / to imminent danger (OR) serious danger?

- #1 . . . U.I.M.B. at Unit administration are licensed to treat prisoners, however, said employees notices dangerous symptoms caused by unsafe water, knowingly will not test for Helicobacter pylori (H. pylori) / after the cause with opinions that will deprive the right treatment, causing more serious injuries; Is this an alter state government document (Health Record), know the cause and danger?
- #2 . . . T.D.C.J.-C.I.D. administration knows unit's location at a toxic waste site. said information is kept from prisoners and when questioning unsafe water: Coffield Water is tested every month by independent laboratories. Than NOTICE of Boil water is only to protect TDCJ-Units and officials knows, prisoners cannot boil water / forces to drink unsafe water where said water test are conceal and alter, and inmates with their families - public interest have NO access to review said dangerous results, is malicious.
- #3 . . .

VI. RELIEF:

SEE attach extra pages - what happen →

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Injunction / TDCJ & City Officials - provide safe water & Records open to Public interest; And Court hold everybody liable for damages: Nominal, Compensatory, Punitive / and all other relief Court deems appropriate, etc.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Michael Green, Mitchel Dangelo Green

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

00558916, 00661472, 02070654.

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES ☐ NO ☐

(Continue IX., page #4)

Lorie Davis, Director of the Texas Department of Criminal Justice - Correctional Institution Division ("TDCJ-CID") is informed of the conditions of confinement at the H.H. Coffield Unit Administration had on going restrictions on water and plumbing... NOTICE of Boil Water was a serious concern for prison population in dealing with unsafe water conditions clear-slimy, brown looking, odor-forms, etc., and inmate are the ones how treat said water without license by city officials, all informations concealed.

John Doe, Director of U.T.M.B., and Unit Medical Practice Manager Pamela Pace, with Regional doctor M.D. Wright have treated the unsafe water effects in the alleged Coffield Unit's history - a large part (in the hundreds) of prison population was affected with stomach issues and irritable bowel movements, etc.

Michael Green, TDCJ-ID.# 661472 arrived on (H.H. Coffield Unit) November, 2017, with 'NO' health issues that requires immediate, consistant care... Michael Green ("Green") was trying to get use to the different water condition and it's foods and felt some symptoms on stomach sickness. On June, 04, 2019 ("Green") started having pain in the lower chest carities 'right-side' Green went to the infirmary for assistance, Green was told it was 'gas' was given a laxative... the pain was persistant Green was scheduled to see a P.A. Dr. Ruth Brouwer, stated that we will do ~~some~~ some blood screen, I asked the doctor, to be tested for H. pylori because several inmates have been sick from the water, doctor said okay. On 06/24/19 medical official drawned several times blood. Weeks later, Dr. Ruth, B. stated blood screen came back positive for (H. pylori) and we will start all treatments to kill off this serious infection, SEE Lab Data Imported from U.T.M.B - Galveston Lab System ... SEE EXHIBIT D

Green, was concern and adress several TDCJ-Officials, Lt.; Sgt.; and Major, all TDCJ-Employees stated, "the water is bad!, boil it and deal with its prison life." Green submitted a grievance procedure. SEE EXHIBIT E

Green still has pains that are bad, and is going into third (3rd) ~~ter~~ treatments in 5 months, that caused real concern for his life, due to the conditions of unsafe water, the treatments cannot resolve the on going harm.

C. Has any court ever warned or notified you that sanctions could be imposed? YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued.
(If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

Executed on: June 12, 2020
DATE

Michael Green
Michael Green 00661472
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 12th day of June, 20 20.
(Day) (month) (year)

Michael Green
Michael Green 00661472
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

EXHIBIT: D

Lab Data Imported From UTM

Helicobacter Pylori

Patient Name : GREEN, MICHAEL
Patient Id : 661472
Patient Phone :
Date of Birth : 05/13/1965
SS# : -- Sex : Male

Ordering
Physician : SANDOVAL, SANDRA
Facility : COFFIELD (CO)
5 MI SW OF TC FM 2054
TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range	LAB ID
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Accession: 19H-176S0001 Requisition: C70935107002
Drawn: 06/24/19 04:05 Received: 06/25/19 00:19 Reported: 06/25/19 08:53

Procedure: HELICOBACTER PYLORI AB, IGG

Negative - No H. pylori IgG antibody detected.

Positive - Indicates presence of detectable IgG antibodies. Does not distinguish between past or current infection, or between active infection and colonization.

Invalid - A second sample should be sent.

Negative - No H. pylori IgG antibody detected.

Positive - Indicates presence of detectable IgG antibodies. Does not distinguish between past or current infection, or between active infection and colonization.

Invalid - A second sample should be sent.

HELICOBACTER PYLORI IGG	Positive	A	Negative	HG
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Test Performed at: HG
UTMB Lab Pathology Clinical Services
301 University Boulevard
Galveston, TX 77555 Barbara J. Bryant, MD

L Low, LL Panic Low, H High, HH Panic High, A Abnormal, AA Panic

EXHIBIT: E

GRIEVANCES No. 2019156437

Unsafe Water



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2019156437
 Date Received: JUL 18 2019
 Date Due: 8/21/19
 Grievance Code: 506
 Investigator ID #: I2086
 Extension Date: _____
 Date Retd to Offender: JUL 18 2019

Offender Name: Michael Breen TI J# 661472
 Unit: Cos. Housing Assignment: S-211B
 Unit where incident occurred: H.H. Coffield

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Lt. Scott, Sgt Lathan, Lt Graham Major When? in the hallway
 What was their response? The water is bad, boil it, deal with it, its prison life
 What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

This grievance is against the Administration of Coffield unit in regards to the contaminated water that is being used, because the administration failed to fix the problem of bad (contaminated water) I have contracted the H. pylori bacteria. Helicobacter pylori infection. I did not come to this unit with this condition, but now I have been diagnosed with this infection which there is NO known cure so I will die with this virus, because the Coffield Administration fail to fix this problem nor did they notify the offenders the water was bad to the point you would get this infection. This problem did not just occur its been bad for some time now, we drink this water even though we eat the food that's cooked in this contaminated water, theres no way around it, it has to be fixed. the administration isn't working to fix this issue that's become a MEDICAL ISSUE now for ME.

Action Requested to resolve your Complaint.

fix this problem. Put an IOC up to all offenders about the water contamination.

Offender Signature:

Michael Green

Date: *7-17-19*

Grievance Response:

Your allegations have been investigated. All drinking water is tested daily, with no issues or concerns at this time. If you don't feel comfortable with drinking the water, bottled water is available for purchase in the Unit Commissary. No further action is warranted.

Signature Authority:

T. J. Funa

Date: *7-18-19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 OFFENDER
 GRIEVANCE FORM

Offender Name: Michael Green TDCJ # 661472
 Unit: Co. Housing Assignment: S-211B
 Unit where incident occurred: H.H. Coffield

OFFICE USE ONLY

Grievance #: 2019156437
 UGI Recd Date: JUL 25 2019
 HQ Recd Date: 9-03
 Date Due: 9-03
 Grievance Code: 506
 Investigator ID#: 12448
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I am dissatisfied with the response to my Step 1 grievance # 2019156437 because the grievance Co-ordinator/investigator and Warden Funai, did not investigate my Step 1 grievance but signed off on it without proper intel. I developed a medical issue from drinking the Bad (contaminated water on the unit) I did not come to this unit (Coffield with this medical issue) but I was diagnosed by Dr. Ruth Browen PA for H. pylori that I contracted on Coffield and I am being treated for this virus. to say the water is being tested daily and there is no concerns are ludicrous. If proper investigation was done the medical Department would have confirmed the water is bad also that I contracted this virus on the Coffield unit, along with several other offenders, the officers on the unit will tell you the water is bad. Ranking officers will tell you that the water system is old and contaminated. the response is blatantly false and should be investigated properly. The grievance investigator did not do his/her job properly because there is plenty of evidence on the Coffield unit to prove that the water system is out dated and bad for human consumption the Warden Funai should not have signed off on this

report without checking further into this matter, also my medical report would have shown that I contracted the virus on Coffield Unit and being treated for it. Contact information Dr. Ruth E. Brouwen, Dr. Wright, Dr. Comeaux, Dr. Chudnowsky Medical Staff at Coffield Unit,

Offender Signature: Michael [Signature]Date: 7-22-19

Grievance Response:

Your Step 2 grievance has been investigated by this office. You were appropriately advised at Step 1 level. Please refer to that response. No further action is warranted.

Signature Authority: _____

B. BARNETTB. BarnettDate: 8/21/19Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE-ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____